Form 238-7 6/02

IDAHO DEPARTMENT OF WATER RE

Well ID No. Inspected by T. King Twp 57N Rge 5 WSec 7 1/4 5W 1/4	
Twp 57N Rge 5 W Sec 7 1/4 Sw 1	
1/4 SW 1/4 SU 1/4 Lat: : Long: : : Pump	
Lat: : Long: : : Long: : : Pump Bailer Air Flowing Artesian Flowing Artesian Pumping Level Time Remarks: Lithology, Water Quality & Temperature Pumping Level Time Remarks: Lithology, Water Quality & Temperature Puping Level Puping	
Pump Bailer Air Flowing Artesian Pump Bailer Air Flowing Artesian Pumping Level Time	
Vield gal./min. 3000 3 240 6 6 6 6 7 Water Temp. Water Quality test or comments: 9 9 9 9 9 9 9 9 13. LITHOLOGIC LOG: (Describe repairs or abandonment) 8 8 8 8 8 8 9 9 14 15 16 17 17 17 18 18 18 18 18 18 18	
Water Temp. Water Temp. Water Quality test or comments: ### Bore Dia. Bore Dia. From To Remarks: Lithology, Water Quality & Temperature Y	
Water Temp	
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Completed Depth350 (Measurable	٦
	$\frac{1}{\sqrt{1}}$
Date: Started 2/1/04 Completed 6/7/04)
14. DRILLER'S CERTIFICATION	*)
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.	*)
1/// //0	
Company Name Hoff Drulling Tule Firm No. 596 Principal Driller Tyrusch 396 Date 111144	
Principal Driller 7 17 15 16 2 18 4/1	
Driller or Operator II Date	
Operator I Wall Justin Date	
Operator I Date Principal Driller and Rig Operator Required. Operator I must have signature of Driller/Operator II.	

MELL DRILLER'S REPOR						ected by 11.
1. WELL TAG NO. D <u>D8033494</u>						<i>57N</i> Rge <u></u> €
DRILLING PERMIT NO. 809 875	40.				1	_ 1/4 <u>5 W</u> 1
Water Right or Injection Well No.	12. V		TESTS	_	Lat:	: : L
2. OWNER: WELL #7		Yield gal	oump John.	☐ Bailer Drawdov	☐ Air	r
Name City of Post Falls	_	000		3	,,,,	240
Address 40B N Spokane St						
City Post Falls State ID Zip 83854		_				
3. LOCATION OF WELL by legal description:	Wate	r Temp.				В
You must provide address or Lot, Blk, Sub. or Directions to well.	Wate	r Qualit	y test or	comments: _	qual	Stry gov Depth firs
Twp. SI N North □ or South □					/	Depth firs
Rge. 5 W East □ or West □ Sec. 2.7 SW 1/4 SW 1/4 1/4		ITHOL	OGIC	LOG: (Descr	be repai	irs or abandonm
Sec. 27 , SW 1/4 SW 1/4 1/4 1/60 acres 1/4 County Koottenan 1/4	Bore Dia.	From	То	Remarks: I	_ithology,	Water Quality &
Lat: Long:	24	0	48	Brown	silter	sand +
Address of Well Site Pole line Rd & Spokane Sx					,	
(Give at least name of road + Distance to Road or Landmark)	24	48	60	Brown	Samo	lt gravel
Lt Blk Sub. Name	2.		21/5	0		
	20	60	273	Brown	San	At gyn
4. USE:			 	LUBBUS	2014	4 SMTY
☐ Domestic ☑ Municipal ☐ Monitor ☐ Irrigation	20	245	350	Sant -	avai	rel cobb
☐ Thermal ☐ Injection ☐ Other					J	, 5_ 5555
5. TYPE OF WORK check all that apply (Replacement etc.)						
New Well Modify Abandonment Other Other				RECE	1 V ~	
				SED 20	, VE	D
6. DRILL METHOD;				SEP 20	2004 	
☐ Air Rotary				DM/R/No		
7. SEALING PROCEDURES					אחר	
Seal Material From To Weight / Volume Seal Placement Method						
Bentonote 0 60 86 trence	-					RECEL
Mos diving short used of MV.			_			OCT 0 1 2
Was drive shoe used?						Ulat U I A
Tiow:						IDWR/No
8. CASING/LINER:						
Diameter From To Gauge Material Casing Liner Welded Threaded						
20 +2 300 .375 stac x =	\vdash					
	\vdash			·		
Length of Headpipe 10 Length of Tailpipe 10						
Packer XY \(\simegraphi\) N Type \(\lambda \cop \text{purple} \)						
9. PERFORATIONS/SCREENS PACKER TYPE						
Perforation Method						
Screen Type & Method of Installation 304 Stain (CSS	-					
From To Slot Size Number Diameter Material Casing Liner	Com	pleted [35	0	 _
315 325 100 18" Stanker			· _	المالال		
325 340 60 18" Stainless		: Start		11109		Complete
10. FILTER PACK				RTIFICATION		
Filter Material From To Weight / Volume Placement Method	time th	e rig wa	at all mi as remo	ved.	iou uciion	standards were
None				6H Dri	Il.	7.
	compa	uiy Nar	ne <u>77</u>	UPI DVI	····95	_INC
11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:	Princip	al Drille	$r \mathcal{I}$	versen	<u> </u>	596
237_ft. below ground Artesian pressurelb. Depth flow encountered 245_ft. Describe access port or control devices:	and Driller o	or Oner	ator II	•		
л. Describe access port or control devices:		.1	. / /	7		
5IN 5W 27	Operate	or I	1/de	Principal Dell		D
51N 5W 21			On -:	- incipal Driller	and Hig (Operator Require